## SEARCH REQUEST FORM 6 - 8 4 Examiner # (Mandatory): Requester's Full Name: ArtsUnit Location (Bldg/Room#): 10:09 Phone (circle 305 306 308)

Inventors (please provide full names):

Earliest Priority Date:

Keywords (include any known synonyms registry numbers, explanation of initialisms):

## Search Topic:

Serial Number:

Title of Invention \_\_\_\_\_

Please write detailed statement of the search topic, and the concept of the invention. Describe as specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples of relevant citations, authors, etc., if known. You may include a copy of the abstract and the broadcast or most relevant claim(s).

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Thanks,

George

----Original Message-

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Bugaisky, Gabriele

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amended due this biweek.

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thanks, gabi

Gabriele E. Bugaisky

au 1653

CMT-10d09

Point of Contact: Beverly Shears Technical Info. Specialist CM1 12C14 Tel: 308-4994